



(One completed form required for each campus)

School Campus: _____

Address: _____ City: _____, CA Zip: _____

_____ **Total number of HCD buildings on this campus being reported on this form** (attach one Building Identification Form for each building)

School District: _____

Address: _____ City: _____, CA Zip: _____

Name of School District Contact: _____

Phone: () _____ Email: _____

Each building in use meets the following criteria:

- a. Is not more than 2,160 square feet in floor area.
- b. Bears a "commercial coach" insignia of approval from the California Department of Housing and Community Development (HCD).
- c. HHas its overhead nonstructural elements secured.
- d. HHas been placed on a foundation constructed in conformance to plans stamped by a California licensed civil engineer, or has been placed on a Division of the State Architect (DSA) approved foundation.
- e. Gas Shutoff valves and electrical breakers have been installed per code.
- f. Steel building frames and steel ramps have been electrically bonded together and grounded.
- g. UUnderfloor vventilation has been provided.
- h. When a new fire alarm system has been provided, it has been installed in accordance with drawings stamped by an engineer or an architect.
- i. The architect has indicated that the construction substantially complies with the requirements for accessibility unless the school district transition plan includes removing these buildings by September 30, 2015.

Certification

I certify that I have read this report and that all of the statements are true:

Inspector: _____ DSA Certification #: _____

Print Name: _____ Date: _____

Send this form to:
SB1469 Certification
Division of the State Architect
1102 Q Street, Suite 5100
Sacramento, CA 95811-6550

For answers to questions about this form or the SB1469 Self-Certification program, please contact Elizabeth Randolph at the Division of the State Architect: (916) 324-5591

CALIFORNIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF THE STATE ARCHITECT



SB1469 Building Identification Form

(One form required for each building -to be attached to the SB1469 Inspector's Report)

School Campus: _____

Building CC numbers: _____

Building identification tags: Number of modules: _____

Module 1:

Roof (snow) load:	_____ psf	Floor Load:	_____ psf
Wind load (or speed):	_____ psf/mph	Occupancy:	_____
Electrical:	_____ amps	Mechanical:	_____
Plumbing:	_____	Fire Safety:	_____
CC number:	_____	Serial number:	_____

Module 2:

Roof (snow) load:	_____ psf	Floor Load:	_____ psf
Wind load (or speed):	_____ psf/mph	Occupancy:	_____
Electrical:	_____ amps	Mechanical:	_____
Plumbing:	_____	Fire Safety:	_____
CC number:	_____	Serial number:	_____

Module 3:

Roof (snow) load:	_____ psf	Floor Load:	_____ psf
Wind load (or speed):	_____ psf/mph	Occupancy:	_____
Electrical:	_____ amps	Mechanical:	_____
Plumbing:	_____	Fire Safety:	_____
CC number:	_____	Serial number:	_____

(Please attach additional info as necessary for buildings with more than three modules)

Total floor area of entire building: _____ square feet

Brief description of building location (e.g. name of adjacent buildings): _____

Inspector's Name: _____

Date: _____